



THE COMMITTEE ON ENERGY AND COMMERCE

INTERNAL MEMORANDUM

June 6, 2012

To: Members, Health Subcommittee

From: Committee Staff

Re: Hearing on “Examining the Appropriateness of Standards for Medical Imaging and Radiation Therapy Technologists”

On June 8, 2012, at 10:00 a.m., in room 2322 of the Rayburn House Office Building, the Subcommittee on Health will hold a hearing entitled “Examining the Appropriateness of Standards for Medical Imaging and Radiation Therapy Technologists.”

I. Witnesses

John Spiegel

Director, Medicare Program Integrity Group
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

Leonard Gunderson, MD, MS

Chairman, Board of Directors
American Society for Radiation Oncology (ASTRO)

Rebecca Smith-Bindman, MD

Professor, Departments of Radiology, Epidemiology/Biostatistics, and Obstetrics, Gynecology, and Reproductive Medicine
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Chief Executive Officer
American Society of Radiologic Technologists (ASRT)

II. **Background**

Issues

Some have raised concerns that the provision of medical imaging and radiation therapy services by unqualified and/or untrained medical personnel subjects patients to unnecessary tests and leads to costly duplication of services. Radiologic technologists are regulated at the State level and the standards vary considerably, with technologists in many States lightly regulated, or not at all.

Addressing the Issue

Congress has previously set conditions of participation in Medicare for a number of allied health professions predicated on the practitioner meeting either State licensure standards or, in the absence of State licensure, education and certification standards determined by the Department of Health and Human Services (HHS). For example, the Mammography Quality Standards Act (MQSA) of 1992 was enacted in response to serious concerns about the quality of mammography.

Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), called for providers of advanced diagnostic imaging services (e.g., MR, CT, PET, and nuclear medicine) to be accredited by January 2012 in order to receive payment for the technical component of those services. MIPPA designates three organizations, the American College of Radiology (ACR), the Intersocietal Accreditation Commission (IAC), and the Joint Commission as the only accrediting organizations approved by Centers for Medicare and Medicaid Services (CMS) to handle MIPPA accreditations.

However, MIPPA accredits facilities, not the individual technologists who perform the technical component of the imaging and radiation services. MIPPA also does not cover all aspects of medical imaging and radiation therapy.

CARE Act

H.R. 2104, the “Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2011,” was introduced by Rep. Whitfield. This bill directs the Secretary of HHS to: (1) establish minimum standards for personnel who perform, plan, evaluate, or verify patient dose for medical imaging examinations or radiation therapy procedures; (2) establish a program for designating certification organizations after consideration of specified criteria; (3) provide a process for the certification of individuals whose training or experience are determined to be equal to, or in excess of, those of a graduate of an accredited educational program; and (4) publish a list of approved accrediting bodies for such certification organizations. Medicare reimbursement will be contingent on meeting the minimum training

standards. The bill exempts physicians, nurse practitioners, and physician assistants from the requirements of this Act.

The CARE bill will ensure that any American who undergoes a medical imaging or radiation therapy procedure paid for through Medicare has those services performed by a professional with appropriate education and competency assessment through certification and that taxpayer dollars are only being spent on those procedures performed by qualified individuals.

The law could be met several ways including: certification by a recognized non-government organization (NGO) , a State license to practice, or even demonstrating minimum competency (i.e., grandfathering). In addition, an ample timeframe will be specified for States, employers and individuals to comply. The law, once enacted, will go into effect January 1, 2014. In addition, the CARE bill gives the Secretary of HHS latitude to issue alternative regulations based on defined criteria, e.g., for rural areas, if needed to preserve patients' access to care.

The CARE bill could reduce health care costs by lowering the number of medical imaging examinations that must be repeated due to improper positioning or poor technique by requiring that personnel who perform medical imaging examinations meet educational and competency assessment standards. Repeated imaging examinations cost the U.S. health care system millions of dollars annually in needless medical bills. According to the Radiologic Sciences of North America journal, *Radiology*, approximately 130 million diagnostic radiology procedures are performed on 30 million Medicare enrollees a year.¹ Approximately \$9.3 billion was spent by Medicare on medical imaging in 2003, according to the Medicare Payment Advisory Commission (MedPAC).² The national documented repeat examination rate is between 4 percent and 7 percent, averaging 5.5 percent, so if the CARE bill can lower the average repeat rate from 5.5 percent to 4.5 percent, then education and certification standards could save Medicare more than \$90 million a year. Although it is expected that the legislation would reduce spending by reducing the number of unnecessary tests, it has not yet received an official score from the Congressional Budget Office (CBO).

This hearing will examine the current state of accreditation for medical imaging and radiation therapy technologists, identify areas of deficiency and suggest ways of ensuring that the technical component of any medical imaging or radiation therapy service is performed by personnel who are appropriately trained.

III. Staff Contacts

If you have any questions regarding the hearing, please contact John O'Shea or Ryan Long at (202) 225-2927.

¹ Radiology 2005; 234:824-832, Sunshine and Bhargavan, Utilization of Radiology Services in the United States: Levels and Trends in Modalities, Regions and Populations.

² Statement of Mark Miller, Executive Director, Medicare Payment Advisory Commission, Testimony before the Subcommittee on Health of the House Committee on Ways and Means, March 17, 2005.